

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/534251

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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4	3					
5	3					
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TOTAL IND.			↓		↓	
TOTAL DEP.			←	16	←	
TOTAL CLAIMS			17		17	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.			←		←	
TOTAL CLAIMS			17		17	